

PLEASE PRINT CLEARLY –
DO NOT WRITE IN SHADED AREAS



State of Michigan
Department of Consumer & Industry Services
UNEMPLOYMENT AGENCY



B.O. No. _____

APPLICATION FOR UNEMPLOYMENT BENEFITS

Completion of this form is required to qualify for benefits.

☐ Check this box if your name or address has
changed since your last claim.

1. SOCIAL SECURITY NUMBER - CK DIGIT				2. ADDITIONAL SOCIAL SECURITY NUMBER - CK DIGIT				3. LAST NAME				4. FIRST NAME				5. MI	
6. BIRTH DATE 				7. MAILING ADDRESS				8. CITY				9. STATE		10. ZIP CODE		11. COUNTY	
12. AREA CODE and TELEPHONE NUMBER ()				13. YEARS OF SCHOOL COMPLETED		14. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		15. ADDITIONAL NAME WORKED UNDER (INCLUDE MAIDEN NAME)									
16. TO CLAIM A PERSON AS A DEPENDENT: YOU MUST HAVE PROVIDED MORE THAN HALF THE COST OF HIS OR HER SUPPORT FOR AT LEAST 90 DAYS IMMEDIATELY BEFORE FILING YOUR CLAIM. IF THE RELATIONSHIP HAS EXISTED LESS THAN 90 DAYS, THE PERSON MUST HAVE RECEIVED MORE THAN HALF THE COST OF HIS OR HER SUPPORT FROM YOU FOR THE DURATION OF THE MARITAL OR PARENTAL RELATIONSHIP. YOU CAN CLAIM YOUR HUSBAND OR WIFE, CHILD, ADOPTED CHILD, STEPCHILD, OR GRANDCHILD, OR ORPHANED BROTHER OR SISTER IF UNDER THE AGE OF 18 YEARS, OR 22 IF ENROLLED FULL-TIME IN SCHOOL, OR IF THE BROTHER OR SISTER IS UNABLE TO ENGAGE IN EMPLOYMENT BECAUSE OF A PHYSICAL OR MENTAL INFIRMITY. YOUR LEGAL FATHER OR MOTHER, IF THAT PARENT IS OVER 65 OR IS PERMANENTLY DISABLED. VERIFICATION OF DEPENDENTS MAY BE REQUIRED. ENTER THE TOTAL NUMBER OF DEPENDENTS YOU ARE CLAIMING IN THE BOX TO THE RIGHT. ONLY ONE PERSON MAY CLAIM OR RECEIVE A DEPENDENCY ALLOWANCE FOR THE SAME INDIVIDUAL.												17. ENTER YOUR DRIVER LICENSE OR STATE ID NUMBER 					
												18. STATE <input type="checkbox"/> Michigan <input type="checkbox"/> Other _____					
19. DO YOU WANT FEDERAL AND STATE TAXES WITHHELD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," NUMBER OF TAX EXEMPTIONS _____		20. ARE YOU WORKING FULL-TIME THIS WEEK? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				22. IF YOU ARE NOT A CITIZEN OR NATIONAL, ARE YOU IN SATISFACTORY IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> WHAT IS YOUR ALIEN REGISTRATION NUMBER AND EXPIRATION DATE? _____/_____				23. (Optional) ARE YOU HISPANIC OR LATINO? YES <input type="checkbox"/> NO <input type="checkbox"/>					
												24. (Optional) IN ADDITION TO ITEM 23, ARE YOU: Please check one: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian or Alaskan Native					
25. ARE YOU ATTENDING A SCHOOL OR COLLEGE? ... YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE DAYS YOU ATTEND: M T W T F HOURS: FROM _____ TO _____ AM / FROM _____ TO _____ PM				26. WERE YOU HOSPITALIZED OR UNABLE TO WORK 14 DAYS OR MORE BECAUSE OF ILLNESS OR INJURY DURING THE PAST THREE YEARS? IF "YES," GIVE DATES. YES <input type="checkbox"/> NO <input type="checkbox"/> FROM _____ THROUGH _____				27. DID YOU PERFORM SERVICES AS A PROFESSIONAL ATHLETE IN THE PAST 18 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>									
28. DID YOU EARN AT LEAST A GROSS OF \$1,500 WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO," ENTER YOUR GROSS EARNINGS WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM. \$ _____ (Approximate)				29. IF YOU RECEIVE OR APPLIED FOR RETIREMENT BENEFITS: RETIREMENT EFFECTIVE DATE _____ MONTHLY AMOUNT: \$ _____ RECEIPT DATE OF FIRST RETIREMENT CHECK: _____ EMPLOYER: _____ REQUEST FORM UA 1554-2 WR IF YOU ARE RECEIVING OR WILL RECEIVE RETIREMENT BENEFITS FROM MORE THAN ONE EMPLOYER.								CHECK BOX: <input type="checkbox"/> DID NOT CONTRIBUTE <input type="checkbox"/> CONTRIBUTED LESS THAN ONE-HALF THE COST <input type="checkbox"/> CONTRIBUTED HALF OR MORE OF THE COST					

Continue with Item 31 on the Reverse Side.

30. — DO NOT WRITE IN THIS AREA — FOR AGENCY USE ONLY															
FIPS CITY CODE 		FIPS COUNTY CODE 		FILING DATE 				BYB DATE 				OCCUPATION CODE 			
RSW <input type="checkbox"/> SWW <input type="checkbox"/> JAW <input type="checkbox"/> WAIVER DATE: _____				PROFILE		CERT METHOD If Other Than "T" _____		CLAIM TYPE NEW <input type="checkbox"/> TC <input type="checkbox"/>		PROCESS TYPE I - UI <input type="checkbox"/> F - UCFE <input type="checkbox"/> C - CO-MINGLE <input type="checkbox"/> X - UCX <input type="checkbox"/>					
IB/CWC	PRESERVATION OF BENEFIT ENTITLEMENT <input type="checkbox"/>	COUNTER DENIAL <input type="checkbox"/>	UCFE FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SF8COPY <input type="checkbox"/> SF50 <input type="checkbox"/>		GROSS EARNINGS AFTER BYB (PAY ADJ. TYPE I) EFFECTIVE W/E DATE _____ AMOUNT \$ _____				DOCUMENT USED IN LIEU OF D.L.: _____				SSN VERIFIED: <input type="checkbox"/> SS CARD <input type="checkbox"/> WDB <input type="checkbox"/> _____		

SOCIAL SECURITY NUMBER

CK DIGIT

LIST EACH EMPLOYER YOU WORKED FOR DURING THE LAST 18 MONTHS, BEGINNING WITH YOUR LAST EMPLOYER. INCLUDE ANY WORK PERFORMED FOR FEDERAL, STATE, OR LOCAL GOVERNMENT, AND ANY WORK PERFORMED IN OTHER STATES. DO NOT WRITE IN SHADED AREAS. PLEASE PRINT CLEARLY. IF MILITARY, REQUEST FORM UCX 970.

LAST EMPLOYER	31. EMPLOYER NAME		32. FIRST DAY WORKED		33. LAST DAY WORKED		EMPLOYER ACCOUNT NUMBER		MULTI-UNIT		CHECK DIGIT
EMPLOYER	34. PAYROLL ADDRESS		35. CITY		36. STATE	37. ZIP CODE		38. COUNTY/STATE WORKED IN		FIPS CNTY	39. AREA CODE and TELEPHONE NO.
											()
EMPLOYER	40. REASON FOR SEPARATION (Enter the reason number in the box)		41. EXPLAIN THE REASON FOR YOUR SEPARATION.		43a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER?		43c. DID YOU HAVE ANY OTHER LAYOFFS OR SEPARATIONS FROM THIS EMPLOYER DURING THE PAST 18 MONTHS?				
	(1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 41) <input type="checkbox"/> WILLFUL DESTRUCTION				<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE		IF "YES," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER SINCE THAT LAYOFF OR SEPARATION? \$ (Approximate) IF "NO," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER IN THE PAST 18 MONTHS? \$ (Approximate)				
EMPLOYER	31. EMPLOYER NAME		32. FIRST DAY WORKED		33. LAST DAY WORKED		EMPLOYER ACCOUNT NUMBER		MULTI-UNIT		CHECK DIGIT
EMPLOYER	34. PAYROLL ADDRESS		35. CITY		36. STATE	37. ZIP CODE		38. COUNTY/STATE WORKED IN		FIPS CNTY	39. AREA CODE and TELEPHONE NO.
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44. CHECK BOX IF YOU HAVE OR WILL RECEIVE ANY OF THE FOLLOWING PAYMENTS FOR ANY PERIOD AFTER YOUR LAST DAY OF WORK:

☐ VACATION ☐ HOLIDAY ☐ BONUS ☐ PAYMENT IN LIEU OF NOTICE ☐ DISABILITY COMPENSATION ☐ OTHER _____

GROSS AMOUNT \$ _____ PERIOD COVERED: from _____ to _____

45. DID YOU WORK IN FAMILY EMPLOYMENT AS DEFINED BELOW? ☐ YES ☐ NO

DEFINITION: EMPLOYMENT IN A BUSINESS OR CORPORATION IN WHICH THE MAJORITY INTEREST IS OWNED BY YOU ALONE, OR BY YOU TOGETHER WITH YOUR SON, DAUGHTER OR SPOUSE, OR BY ONE, OR ANY COMBINATION OF THESE INDIVIDUALS; OR BY YOUR MOTHER AND/OR FATHER IF YOU ARE UNDER THE AGE OF 18.

IF YOU WERE EMPLOYED UNDER THE CONDITIONS STATED ABOVE DURING THE LAST 18 MONTHS, PLEASE GIVE THE NAME(S) OF THE BUSINESS(ES): _____

NOTE: IF YOU HAD MORE THAN 2 EMPLOYERS DURING THE PAST 18 MONTHS, ASK FOR FORM UA 1554-2 WR.

STOP - DO NOT WRITE BELOW THIS SPACE UNTIL INSTRUCTED TO DO SO.

46. PLACE A CHECK MARK FOR EACH INFORMATION BOOKLET YOU RECEIVE: ☐ CLAIMANT 1900 HANDBOOK; ☐ MARVIN 1921 BOOKLET; ☐ TRA 1628 PAMPHLET; ☐ NAFTA INFORMATION. I VERIFY BY MY INITIALS THAT I RECEIVED EACH OF THE BOOKLETS CHECKED. _____

47. DID YOU RECEIVE A MICHIGAN TALENT BANK APPLICATION AND REGISTERING FOR WORK WITH MICHIGAN TALENT BANK CARD, FORM UA 1002, WITH INSTRUCTIONS TO REPORT TO A MICHIGAN WORKS! AGENCY LOCATION WITHIN 5 DAYS? ☐ YES ☐ NO

48. YOUR CERTIFICATION: I HEREBY APPLY FOR A DETERMINATION OF MY UNEMPLOYMENT BENEFIT RIGHTS. I DECLARE THAT I AM A CITIZEN OF THE UNITED STATES OR I AM IN SATISFACTORY IMMIGRATION STATUS. I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. **I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.**

(DO NOT SIGN UNTIL INSTRUCTED)

CLAIMANT'S SIGNATURE: _____ DATE: _____ CLAIMS TAKER'S INITIALS: _____ DATE D/E: _____ INITIALS: _____